	_		Application or Docket Number											
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 10/089081													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	νπιν —	OR	OTHER			
TOTAL CLAIMS							Г	RATE	FEE	1	RATE	Fŧ	Έ	
FOR			NUMBER FALED		NUMBER EXTRA		8	asic fee	370.00	OR	BASIC FEE	748	:00	890
TOTAL CHARGEABLE CLAIMS			ninus 20-		•		ı	X\$ 9=	<u> </u>	OЯ	X\$18=	1		
INDEPENDENT CLAIMS			5 mi	กบร 3 =			Г	X42=		OR	X84=			
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+140=			OR	+280=			
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL		OR	TOTAL	84		
CLAIMS AS AMENDED - PART II									ENTITY	OR	OTHER SMALL			
П	78 0	CLAIMS REMAINING AFTER		HIGH NUM PREVI	IEST BER OUSLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE		OI- NAL	
AMENDMENT A	Total	• 18	Minus	-0	Ö	-	r	X\$ 9=	-155	OR	X\$18=			
	Independent	• 7	Minus	•••	5	·9	Γ	X42=		CR	X84=	40	10.	bA
4	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM		T	+140=		OR	+280=			
11	114/05				•		L	TOTAL	 -	OR	YOYAL ADDIT, FEE			
11	לטן זיון	(Column 1)		(Cob)	mn 2)	(Column 3)	Æ	DIT. FEE		,	ADDII. PEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUL PREVI	EST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE	
2	Total	- 18	Mimes	- 0	20	- Ø		X\$ 9=		OR	X\$18=			
AME	Independent	NTATION OF M	Minus	PENDEN	7 TO AIM	- ø		X42=		OR	X84-			
<u>_</u>	ect fil			CHOCK		السالطنيي		+140=		OR	+280=			
	1	,					AC	TOTAL XXII. FEE		OR	TOTAL ADDIT. FEE	L		
	1/19/06	(Column 1)			mn 2)	(Column 3)				_				
EMT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST IBER IOUSLY I FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	XDI- NAL EE	
3	Total	- 16	Minus	••	२०	• Ø		X\$ 9=		OR	X\$18-			
AMENDMENT	Independent	• D	Minus	PENDEN	7	• Ø		X42=		OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=			
•	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR	TOTAL ADDIT, FEE			1
_	ti the "Highest No The "Highest Mus	mber Previously F aber Previously Pa	reid For IN TH aid For (Total (IS SPACE of Indepen	is less the send is the	y glighest number N 3' euser "7.		OTT. FEE d in the ap	propriate bo	x in co				
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